

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10-822197</b>	FILING DATE <b>4-9-04</b>					
							APPLICANT(S)						
							<b>CLAIMS</b>						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
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41							91						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	<b>4</b>		<b>4</b>		<b>4</b>		TOTAL IND.	<b>4</b>		<b>4</b>		<b>4</b>	
TOTAL DEP.	<b>29</b>		<b>29</b>		<b>29</b>		TOTAL DEP.	<b>17</b>		<b>17</b>		<b>17</b>	
TOTAL CLAIMS	<b>33</b>		<b>33</b>		<b>33</b>		TOTAL CLAIMS	<b>21</b>		<b>21</b>		<b>21</b>	

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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